

Best Available Copy

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

|              |           |             |
|--------------|-----------|-------------|
| SERIAL NO.   | 10/019589 | FILING DATE |
| APPLICANT(S) |           |             |

CLAIMS

|               | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|---------------|----------|------|------------------------|------|------------------------|------|
|               | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
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| TOTAL<br>C.   |          |      |                        |      |                        |      |
| TOTAL<br>P.   |          |      |                        |      |                        |      |
| TOTAL<br>AIMS |          |      |                        |      |                        |      |

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| TOTAL<br>IND.   |      |      |
| TOTAL<br>DEP.   |      |      |
| TOTAL<br>CLAIMS |      |      |